

BOBBY JINDAL, Governor

MARY L. LIVERS, Ph.D., MSW, Deputy Secretary

Checklist for Furlough Requests

A checked box indicates "Yes, this has been completed or done".

 Facility Director's Signature	Date	
Approval must be forwarded to the Deputy Secretary of design	iee.	
If the youth was over ridden from a maximum custody level to level, a copy of the reclassification custody scale indicated and the property of the indicated and the control of the contro	ting the Director's	
The completed referral packet is submitted to Central Office at to the planned beginning date of the furlough.	ral Office at least 21 days prior	
The latest two progress reports are attached to the referr submitted to Central Office.	attached to the referral packet which is	
Attachment C.4.1 (b) "Custody Information Form" that has been Probation and Parole staff is attached to the referral packet so Office.	,	
A home study that has been completed by the Probation attached to the referral packet submitted to Central Office.		
The youth's family has participated in 3 or more family s session occurred within the last 30 days.	essions. The last	
Youth will be required to wear an EMP device.		
e time the furlough begins AND ends is entered on C.4.1 (a).		
completed C.4.1 (a) "Furlough Referral and Application Form" at the staffing to etermine if the youth is eligible for a furlough. Answered every question.		
Reviewed to ensure that correct forms are used. (These forms may be printed rom the OYD policy database. See policy C.4.1. All forms are attached at the end of the policy.)		